

WEEKLY BULLETIN

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Editor

CALIFORNIA HEALTH OFFICERS' WAR PROGRAM

The meeting of the Department of Health Officers, League of California Cities, held in Los Angeles September 21 to 24, was characterized by its devotion to public health under conditions of war. Speakers upon the program were selected for their knowledge of emergency measures that should be applied in order that public health may be maintained at a high level for the duration. Following are abstracts taken from the papers presented at the sessions in Los Angeles:

Housing

Respiratory infections provoke one of the greatest losses in industry. This includes common colds, influenza, pneumonia and many other infections that commonly affect the respiratory organs. In order to prevent epidemics of these infections, the health officer must now concentrate upon the prevention of overcrowding and the improvement of domestic housing conditions. At the present time, particularly in the industrial areas, two or more families are occupying dilapidated dwellings that were intended for occupancy by a single family. This overcrowding facilitates the transfer of infections, and health officers are urged to cooperate with all agencies charged with enforcing housing laws in order to improve conditions.

They are urged to send inspectors, nurses, and any other members of their personnel that are trained for the work to give first-hand instruction to occupants of overcrowded buildings, in order that every precaution may be taken in the prevention of close contact through overcrowding.

Food Sanitation

Food sanitation also is closely related to the contraction of respiratory infections. In order to prevent epidemics of these diseases, the health officer must give careful attention to the sterilization of spoons, forks, cups, glasses and all eating and drinking utensils that are used commonly in public places. Never

before in history have so many individuals eaten their meals away from home. Restaurant dishes, forks and spoons must be thoroughly sterilized in order that infections may not be transferred through the use of contaminated eating and drinking utensils.

A single wide-spread epidemic of respiratory infections might produce a staggering blow in the production of materials for winning the war. While health officers do not have a universal key to the prevention of influenza, they may accomplish considerable by concentrating upon a program for the promotion of cleanliness in the handling and distribution of food and food products.

Food poisoning must also be considered at this time. Careless handling of such food products as chopped meats, cold meats, custard-filled products and similar foods is often a causative factor in food poisoning. Meat products should not be permitted to stand for any period of time outside of refrigeration and all custard-filled products should be refrigerated from the time that they are produced to the time that they are served. This applies particularly to the warm months of the year when temperatures promote the growth of bacteria.

Rapid turnover among employees in restaurants, markets and similar places due to the calling of trained employees into the armed forces has produced a marked hazard in food handling. Untrained employees must be carefully instructed by inspectors, in the field, in order that they may handle and serve food as well as utensils in a strictly sanitary manner.

Water Supply

The vulnerability of water distribution systems to aerial bombing has been clearly demonstrated time and again during the present war. Interruptions of service as a result of enemy action constitute serious hazards to public safety and are of vital concern to the military effort. Experiences at Hongkong and Singapore have demonstrated the terrific damage that destruction of water supplies may cause.

Immediately after the Pearl Harbor attack, the U. S. Public Health Service advised all State health officials to take immediate steps against sabotage by excluding all unauthorized persons and visitors from water works property, to provide guards at danger points and places where sabotage might interrupt continuous maintenance of supply, and to step up chlorine dosages to maintain a residual sufficient to provide disinfecting action throughout the distribution system.

In response to the suggestions of the U. S. Public Health Service, water utilities in critical areas were advised relative to chlorination of water supplies in emergencies and a series of first aid water chlorination schools was held throughout the State at which emergency sterilization procedures were outlined. Sanitary engineers were sent over the entire State giving instructions to operators of water supply plants on emergency chlorination procedures. Arrangements have also been made for supplementary emergency or auxiliary supplies.

Health officers are requested to review water supply systems, in their jurisdiction, with officials in charge of such plants in order to be assured of the safety of all water supplies. Cross-connections which may permit contamination of domestic water supply by one that is polluted constitute a major problem for both public health and water works officials. The State Board of Public Health has adopted a resolution for the protection of water supplies against pollution due to cross-connections with auxiliary or emergency or fire fighting supplies. This resolution has been sent to each health department and water works in the State.

There is particular need for supervision of public water supplies at this time. The State Department of Public Health has requested additional personnel to supervise all such supplies in the State. Encouragement is given to sanitary surveys in order to gather full information relative to the present status of all domestic water supplies. The Bureau of Sanitary Engineering of the State Department of Public Health stands ready to meet with interested groups at any time and give advice on any phase of public water supply problems.

Public Health Personnel

Assurance is given that, whenever possible, medical personnel engaged in public health service will be undisturbed. While there is no definite assurance that health officers in the younger age groups will not be called to the armed services, nevertheless, there is a full recognition of civilian needs in the emergency and all efforts will be made to maintain public health medical personnel intact.

As a matter of fact, military establishments are draining off all public health personnel. Younger, alert, energetic members of public health staffs are attracted to military organizations. Considerable difficulty is experienced in local health departments to retain deputy health officers because of their enlistment into the armed services. Furthermore, sanitary inspectors and public health nurses are also flocking to the Army, Navy, Red Cross and other units engaged in war services. The personnel problems of local health departments become more acute each day with-

out any prospect that there will be any immediate opportunities for replacing those who have enlisted.

Tuberculosis

In times of war, tuberculosis always becomes more prevalent and morbidity and mortality rates rise rapidly. It is anticipated that the present conflict will produce a marked increase in the severity of the tuberculosis problem in California. Migration, particularly of laborers, has always brought about a problem in the control of tuberculosis in this State. Now that the migration of Mexicans into California to perform essential services in harvesting agricultural crops has begun, it is of importance to note that the U. S. Public Health Service has transferred from San Antonio to Mexico City a complete outfit for making chest X-rays of Mexicans who will be imported into California to perform these essential services. Groups of these laborers headed for the San Joaquin Valley have already received these diagnostic services at the point of their departure.

It is understood that in Mexico about 3 per cent of the population is tuberculous, while in the United States the percentage is about 1.25 per cent. This procedure will constitute a measure of great importance in the control of tuberculosis in California as well as in Mexico, provided that cases receive prompt and thorough treatment in that country.

Furthermore, the migration of individuals from other States, particularly laborers in agriculture and industries, constitutes a problem for many local health officers. Emergency cases are often put into county hospital tuberculosis wards, but unless patients have acquired residence of one year in California, the county is not eligible to receive the State subsidy for their care. It has been possible to send many of these tuberculous back to their State of origin. There are intense problems, however, in discovering and providing care for patients in these groups.

Nutrition

Nutrition among workers in war industries is a matter of paramount importance at the present time. It is not only important in the United States but it is also important in Great Britain and in every other country of the world. In spite of the fact that this is the richest country of all, we have long had a problem of malnutrition. Not only are we wealthy in materials but also in knowledge of food materials and their use.

In some sections of California the rapid expansion of war industries is truly phenomenal. Workers must travel long distances to their places of employment. The time element enters into the problem. Most workers in the industries eat very light breakfasts, rushing away to get to work on time. There are inadequate eating facilities either in the plant or outside. Even the hamburger stands across the road from such industries are closing because they are called upon to feed thousands of people during a single hour and for eight hours they have no business at all. It is impossible to carry the overhead and break even.

Some of the industries have made it possible to get a meal within reasonable distance of the plant, but in most cases if the worker doesn't bring his lunch, he does not have time to go out for a meal and return in time.

A survey of one industry that employs about 1,200 people showed that 85 per cent of the workers were under 35 and 75 per cent were under 30 years of age. Half were married and half were single. It is possible to talk to the wives of the married workers about food, but the problem of providing single men with proper food is something difficult.

Nevertheless, in many respects their nutrition is good. Apparently, they eat enough meat, fish or eggs and it is doubtful that any alarming situation can develop at this source. The bread situation is better, and if industrial workers would only ask for enriched bread, the situation would look out for itself.

In this plant it was found that 26 per cent of the men drank no milk at all. Another 26 per cent drank less than one-half pint a day. Most of the men are meat and potato eaters. About two-thirds of them do not eat enough leafy vegetables. It was surprising to find, however, that 80 per cent of these men are getting inadequate amounts of citrus fruits or tomatoes, and this was in Southern California where these products are readily obtainable and are cheaper than in most parts of the country.

About 20 per cent of the men were not eating sufficient quantities of food, probably due to the fact that they eat little or no breakfast and do not make it up at their lunch. These represent roughly the war problem in nutrition that is encountered among industries. Education alone will not correct the conditions because there is not time. It is most important to provide foods at low cost with enough vitamins, minerals and calories as a nutritional supplement somewhere in the middle of the second half of the shift which is the time when most workers feel the need of a lift.

Arrangements should be made so that every employee can go out during a lunch period and get a sufficient meal. That requires cafeterias in some places and box lunches in others, perhaps both of them. These provisions would help considerably in providing better nutrition for workers in the war industries.

In the State as a whole during a single recent month the total number of women factory wage earners increased from 77,000 to 102,000. In a single aircraft plant there was an increase of 33 per cent in women employees. This presents a new problem in industrial hygiene and in nutrition. With women employed in industry, problems affecting every member of the family, particularly the children, arise. Women are susceptible to certain nutritional deficiencies and to certain occupational hazards and environments. There is still much to learn relative to the problems associated with the employment of women in war industries.

The employment of the handicapped in the emergency also raises another problem. It is certain that more and more of the handicapped must be rehabilitated in order to provide a sufficient number of workers.

In one of the Government shipyards there are three cafeterias, one of which seats 1,600 people, and by serving at several different intervals, the cafeteria may feed 5,000 people at a single meal.

The Army is considered better fed than at any time in its history and sickness is at a minimum. Civilian

employees should be as well cared for. Education of the housewife in nutrition is difficult in the emergency. The time element interferes. It is believed generally that the industries themselves must take action in order to provide assurance that their employees are properly fed.

Maternal and Child Health

The provision of day nurseries for children of women workers is a necessity under present conditions. Social welfare and public health departments are engaged in efforts to provide such nurseries wherever they may be indicated. Maternity homes and hospitals are overcrowded and this is in the face of a pronounced shortage in hospital personnel. In some places as many as twenty babies are crowded into a nursery that was designed for eight, with half as many nurses to care for them as is essential.

Great difficulty is encountered in maintaining standards under present conditions. More attention must be paid, however, to facilities for the care of prematurely born infants. The proportion of premature births may be on the increase due to many factors which include inadequate prenatal care, particularly among the non-resident population. Special attention needs to be paid to the fly-by-night maternity homes that are springing up again to cash in on the shortage of maternity beds. Competent visiting nurse service is needed for women discharged from hospitals after only a few days of post-partum care. Many return to trailers or other inadequate quarters.

Provision of adequate medical and hospital maternity care for wives of enlisted men constitutes another problem. Local Red Cross chapters are helping in its solution. It is hoped that Congress may appropriate funds for the provision of adequate services to non-resident women and their babies.

With all of these difficulties, the health of children of school age must not be neglected. The school health program in general needs public health guidance and leadership. Medical examinations, correction of defects, proper nutrition, sound mental and emotional health are just as important as the development of muscles. We cannot afford to neglect the child of school age. Health officers must use the readily available support provided by women's clubs, men's service clubs, voluntary health and welfare agencies in order that the health problems of mothers and children may be solved.

Civilian Defense

There is every indication that health officers and public health services will be given much more important roles in civilian defense. With practitioners of medicine being drawn rapidly into the armed services, public health departments will be called upon more and more to attend the needs of civilians. The Office of Civilian Defense is crystalizing its program so as to provide a practical working machine to care for the civilian population during the emergency. Many local communities have developed excellent practical programs to cover the situation, and in many other activities are progressing in the development of facilities to care for the emergencies that are coming, if they have not already arrived.

MORBIDITY***Complete Reports for Certain Diseases Recorded for Week Ending September 26, 1942****Chickenpox**

70 cases from the following counties: Alameda 5, Contra Costa 1, Kern 5, Los Angeles 11, Marin 1, Monterey 1, Orange 5, Riverside 1, Sacramento 1, San Bernardino 1, San Diego 6, San Francisco 8, San Joaquin 2, San Mateo 1, Santa Barbara 3, Santa Clara 8, Sonoma 3, Stanislaus 6, Ventura 1.

Diphtheria

13 cases from the following counties: Alameda 1, Los Angeles 5, Placer 2, San Bernardino 1, San Joaquin 3, Ventura 1.

German Measles

46 cases from the following counties: Alameda 5, Contra Costa 2, Inyo 7, Kern 1, Los Angeles 9, Sacramento 1, San Bernardino 1, San Diego 7, San Francisco 4, Santa Barbara 1, Santa Clara 5, Sutter 1, California 2.**

Measles

52 cases from the following counties: Alameda 5, Fresno 1, Inyo 2, Los Angeles 26, Marin 1, Merced 2, Sacramento 1, San Diego 3, San Francisco 7, San Luis Obispo 2, San Mateo 1, Yolo 1.

Mumps

239 cases from the following counties: Alameda 48, Contra Costa 2, Fresno 8, Humboldt 2, Kern 3, Kings 4, Los Angeles 52, Merced 1, Monterey 1, Orange 21, Riverside 7, Sacramento 4, San Bernardino 3, San Diego 26, San Francisco 28, San Joaquin 1, San Mateo 2, Santa Barbara 1, Santa Clara 1, Santa Cruz 2, Sonoma 1, Stanislaus 16, Ventura 4, Yolo 1.

Scarlet Fever

48 cases from the following counties: Alameda 2, Contra Costa 1, Kern 5, Los Angeles 22, Madera 1, Merced 1, Riverside 3, Sacramento 1, San Bernardino 1, San Diego 1, San Francisco 3, San Joaquin 1, San Mateo 1, Santa Barbara 1, Santa Clara 2, Sonoma 1, Stanislaus 1.

Whooping Cough

179 cases from the following counties: Alameda 27, Contra Costa 2, Fresno 2, Kern 5, Los Angeles 64, Madera 1, Monterey 5, Orange 1, Riverside 2, Sacramento 13, San Bernardino 1, San Diego 9, San Francisco 7, San Joaquin 8, Santa Barbara 1, Santa Clara 6, Solano 8, Sonoma 2, Stanislaus 7, Tuolumne 5, Ventura 3.

Epilepsy

74 cases from the following counties: Fresno 1, Los Angeles 66, Napa 1, Sacramento 3, San Francisco 1, San Mateo 2.

Dysentery (Bacillary)

9 cases from the following counties: Los Angeles 7, San Francisco 2.

Food Poisoning

9 cases from Los Angeles County.

Influenza

20 cases reported in the State.

Jaundice (Infectious)

One case from Humboldt County.

Malaria

7 cases from the following counties: Glenn 1, Riverside 1, Santa Clara 1, Yuba 3, California 1.**

Meningitis (Meningococcic)

2 cases from the following counties: Los Angeles 1, Riverside 1.

Poliomyelitis (Acute anterior)

4 cases from the following counties: Los Angeles 2, Orange 1, San Diego 1.

Rabies (Animal)

16 cases from the following counties: Alameda 1, Fresno 9, Los Angeles 6.

Rheumatic Fever

3 cases from the following counties: Los Angeles 1, San Bernardino 2.

* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Tetanus

One case from Los Angeles County.

Tularemia

One case from Alameda County.

Typhoid Fever

One case: California 1.**

Typhus Fever

One case from Los Angeles County.

Undulant Fever

4 cases from the following counties: Los Angeles 3, Ventura 1.

The California State Department of Public Health is proud of the members of its staff who have entered the armed forces of the United States. It is with a sense of great pride that the names of the following men who have entered such forces are listed here:

UNITED STATES NAVY

Lloyd P. Bascom
Alcor Browne
O. L. Butterfield
James R. Keefer
Francis J. Lenehan
Rollyn E. Malde
E. B. Mansfield
John Martin, M.D.
Jack W. Pratt
Don Roberts
Robert E. Ryan

UNITED STATES ARMY

Ray Atkinson, M.D.
Beckwith Clark
Jules Comroe, M.D.
Leon Comroe, M.D.
Joseph Copeland, M.D.
Sidney F. Dommes, Jr.
Robert Dyar, M.D.
J. J. Fitzgerald, M.D.
Herbert B. Foster
George Husser, M.D.
Edward Maher, M.D.
Richard Peters
Julius R. Scholtz, M.D.
Joseph B. Smith

UNITED STATES MARINES

John Cruzan

University of California
Medical Library,
3rd & Parnassus Aves.,
San Francisco, Calif.

